

**Counseling and Testing Efficacy Study
STD LABORATORY FORM (WOMEN)**

ID NUMBER: X Y 1 2 3 4

Date: 5 6 7 8 9 10
D M Y

Client Names: _____

Age: ___ years

URINE

1. Leucocyte Esterase Dipstick (LED)

Negative	0
Positive	1
Not done	9

VAGINAL SECRETIONS

2. Trichomonas Vaginalis: **[Direct Microscopy]**

negative	0
positive	1
not done	9

LAB TECH Names: _____

CERVICAL SECRETIONS

3. C. trachomatis: **[ELISA]**

negative	0
positive	1
not done	9

4. N. gonorrhoea: **[Culture]**

negative	0
positive	1
not done	9

IF POSITIVE: Antibiotic sensibility?

LAB TECH Names: _____

**Counseling and Testing Efficacy Study
STD LABORATORY FORM, PAGE 2 (Men & Women)**

BLOOD

5. Syphilis Serology:

RPR:	negative	0
	positive	1
	not done	9

IF POSITIVE GIVE TITER: /

TPHA:	negative	0
	positive	1
	not done	9

LAB TECH Names: _____

**Counseling and Testing Efficacy Study
STD LABORATORY FORM (MEN)**

ID NUMBER: X Y 11 12 13 14

Date: 15 16 17 18 19 20
D M Y

Client Names: _____

Age: __ __ years

URINE

1. Leucocyte Esterase Dipstick (LED)

Negative	0
Positive	1
Not done	9

URETHRAL SWAB (ONLY IF LED POSITIVE)

3. C. trachomatis: **[ELISA]**

negative	0
positive	1
not done	9

4. N. gonorrhoea: **[Culture]**

negative	0
positive	1
not done	9

IF POSITIVE: Antibiotic sensibility?

LAB TECH Names: _____